HOME AND COMMUNITY BASED MEDICAID WAIVER CERTIFICATION REPORT

WYOSTEP, INC.

SEPTEMBER 12-13, 2007

SITE REVIEW TEAM:

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Survey Outcome: One-Year Certification Expires 09/30/2008.

I. REVIEW OF ORGANIZATIONAL PRACTICES

A. Provider's Summary and Highlighted Service Areas

WyoSTEP, Inc. was founded in January 2005. The provider received a one year CARF accreditation for the first time in March 2007. The provider is proud of the residential certification by CARF. Although CARF presented WyoSTEP with some areas of weakness, they look forward to improving in these areas, as well as continuing to improve in the areas commended on.

A special area of focus is that WyoSTEP, Inc. is a registered member of the National Apprenticeship System through the U.S. Department of Labor. WyoSTEP, Inc. is the first program nationally to be registered where the apprentices work with individuals with an acquired brain injury. This requires 2,000 hours of training by the provider.

B. Results of review of policies and procedures:

The provider regularly sends out memo's to staff, which is a good practice. The provider needs to ensure that any memo being sent out that affects the organization's policies and procedures is updated. Through a complaint investigation, the organization's policy on staff tardiness was reviewed. It does not include guidelines for staff "no show's". Also, it does not address how this will be tracked. This added tracking or documentation should be added to a staff's personnel file per CARF.

a. Incident reporting
   The provider did not have a separate incident reporting policy for internal versus the Division's requirements for incident reporting. The policy did not include all of the reportable categories or the requirement to report to the Developmental Disabilities Division. It is also a good practice to have prompts on the form for direct care staff on reporting to the Division on critical incidents. There were separate, nearly identical, policies for reporting abuse and neglect for children and adults.
b. Rights of participants
   The provider had a comprehensive policy addressing the rights of participants.
c. Complaints/grievances
   The provider had a complaint and grievance policy. It did not contain the requirement of having a written response given to the complainant.
d. Restraints
   The provider did not have a restraint policy. There were certain aspects required of this policy found intermingled with a behavior policy but does not meet the requirements.
e. Positive Behavior Support Plans
   The organization does have a behavior policy. It is not comprehensive and does not meet the standards or guidelines of the Medicaid rule. The organization has not historically served participants needing intensive behavior support. However, as IPC's are renewed in accordance with the rules, every participant with a behavior plan needs to be addressed by the organization.

C. Staff Qualifications and Staff Training

Seven staff files were reviewed for the requirements being met.

a. Qualifications
   All seven staff met the qualifications for the services they were providing.

b. Background checks
   All seven staff met the qualifications for a cleared back ground check.
c. CPR and First Aid
   All seven staff met the qualifications for having current CPR and First Aid.
d. General training
   None of the staff had the documentation of the required training completed. However, the Division has not made available all components of this training and will not require a recommendation until they are available.
   None of the four staff interviewed were able to fully articulate the Division's requirements for incident reporting.
e. Participant specific training
   None of the staff had the documentation of the required training completed with documentation. All of the four staff interviewed were able to articulate components of the participant's specific needs, supports, and restrictions.

D. Emergency Drills and Inspections

One site of two had completed internal inspections. The second site must begin immediately to conduct internal inspections. A number of the entries to be filled out by the inspector was left blank. Either use the form as it was intended or remove sections that are unhelpful or that do not apply. There was also a different form used at different times. The inspector and provider should develop a consistent use of inspection forms.

Neither of the two sites had documentation of completed external inspections. This must be completed immediately.

One of two sites had documentation of completed emergency drills. There was found to be more fire drills conducted and not a variety as required. The emergency drills reviewed were all conducted in the morning around the same time. They need to be done on a variety of shifts, at different times of the day. Also, there were sections blank, not being filled out. The staff completing drills should have a consistent use of drill forms. A good practice with a multi-unit apartment complex is to add the unit numbers that participated in the drill and to note those participants and unit numbers that did not. As the agency grows, this would reveal more easily trends of those not regularly participating in emergency drills.

E. Progress Made On DDD's Recommendations From the Previous Survey

There was no required follow-up from the prior survey.

F. Progress Made On CARF's Recommendations From the Previous Survey

The organization is on its way in completing all of the CARF recommendations from the prior survey. However, the provider is encourage to ensure all of these are completed in a timely manner and thoroughly in preparation for another CARF survey upcoming. The provider received a one year accreditation last survey.

<u>Exemplary Practices</u>:

- The provider is recognized for the exemplary practice in participating in the Department of Labor's National Apprenticeship System. The first nationally to be registered to work with individuals with an acquired brain injury.

Commendations:

- The provider is commended for the professional interaction and communications sent to other service providers they are partnering with, including external case management providers.

Suggestions:

- It is suggested the provider add the unit numbers for a multi-unit apartment complex on drill forms, to note those participants and unit numbers that did or did not participate.
- It is suggested the provider combine their adult and child abuse polices duplicating identical language or processes for clarity and brevity.
- It is suggested the provider use all forms as they are intended or delete components that are unhelpful or not applicable.

Recommendations:

- It is recommended the provider update the human resource policy in accordance with CARF Sect.1.F.
- It is recommended the provider update the incident reporting policy in accordance with Wyoming Medicaid Rules, Chtr.45, Sect.30.
- It is recommended the provider update the complaint and grievance policy in accordance with CARF Section 1.D.
- It is recommended the provider update the restraint policy and all of the required components in accordance with Wyoming Medicaid Rules, Chtr.45, Sect.28.
- It is recommended the provider update the behavior support plan and procedure in accordance with Wyoming Medicaid Rules, Chtr.45, Sect.29.
- It is recommended the provider update all staff training with documentation in accordance with Wyoming Medicaid Rules, Chtr.45, Sect.26.
- It is recommended the provider document completed emergency drills at all of the provider's locations, in accordance with CARF Sect.1.E.
- It is recommended the provider document completed external inspections at all of the provider's locations, in accordance with CARF Sect 1.E.

II. RESULTS OF PARTICIPANT SPECIFIC REVIEWS

Surveyors were able to do five reviews and one partial review of participants receiving services from WyoSTEP.

A. Results of the review of the random sample:

□ **Implementation of the IPC**

The development of the IPC is the duty primarily given to the case manager but every provider on the team is required to participate in team meetings with input. WyoSTEP is actively involved in the team process for all of the participants reviewed.

Participant #1 – There was no expiration on the releases of information as required. There was also a location for a picture that was absent.

Participant #2 – There was no expiration on the releases of information as required. The "needs checklist" had sections not completed. The seizure protocol is not specific enough, leaving out important components. This needs to be updated and more clearly articulated as soon as the provider is able (consult with the team, family, or doctor to ensure its comprehensiveness).

Participant #3 – There was no expiration on the releases of information as required. No other concerns were identified.

Participant #4 – There was no expiration on the releases of information as required. No other concerns were identified.
Participant #5 – There was no expiration on the releases of information as required.
Participant #6 – Due to the participant entering and leaving services within a few weeks, the participant's folder was incomplete, with many missing components.

□ **Billing and Documentation Review**

Participant #1 – Surveyors reviewed six months of residential habilitation documentation and billing was reviewed, no concerns were found.
Participant #2 – Surveyors reviewed six months of residential habilitation documentation and billing was reviewed, no billing concerns were found. There was documentation and narratives on the schedules that did not have dates, preventing a correlation of services and trends. There was a minority of cases that a secondary time in and out were not accurately tracked when the participant was coming in and out of waiver service.
Participant #3 – Surveyors reviewed six months of personal care and in home support documentation and billing was reviewed, no billing concerns were found. The schedule documentation was not consistently using either am/pm or military time.
Participant #4 – Surveyors reviewed six months of personal care and in home support documentation and billing was reviewed, no billing concerns were found.
Participant #5 – Surveyors reviewed six months of respite care and residential habilitation training documentation and billing was reviewed. There was one month of RHT that had half hours of service that was included with other half hours for the month and billed as a total, which is not allowed for a one hour unit. The documentation for June 2007 was submitted to Medicaid for recovery.
Participant #6 – Surveyors reviewed one month of residential habilitation documentation and billing was reviewed, no billing concerns were found.

□ **Participant, Guardian or Family Interviews**

Participant #1 – Participant reported that he likes his staff, feels a bit lonely at night, wishes he had more contact with staff or more friends.
Participant #2 – Participant expressed satisfaction with the provider an all of his staff, but one. He reported that one direct care staff has threatened to "evict" him if he does not comply. The provider and landlord confirmed that there are boundaries and stipulations for receiving services. The provider appropriately acknowledged that direct care staff should not use those agreements as threats. The participant also wished there were more ABI services available in his community. This is not a reflection on this provider. The participant recognized the improvement of his independent living skills due to this provider.
Participant #3 – The participant and family were able to be interviewed with high satisfaction of services. No concerns were identified.
Participant #4 – Surveyors were unable to conduct an interview.
Participant #5 – The mother interviewed expressed her dissatisfaction with the provider having staff "no show" or giving very late notice before services were to begin. She also expressed dissatisfaction to what she felt was a violation of staff having a "no smoking policy" when working with her son. The provider affirmed that this was a stipulation to direct care staff working with this participant.

Participant #6 – Surveyors were able to interview the mother on some concerns identified with the transition of residential habilitation services. The mother had no concerns that this provider had done anything improper. The participant reported that she wanted more people around and did not like the isolation of independent living. She also reported her psychologist felt it was better to live in a residential setting with more frequent access to supervision and interaction with the provider.

B. Incident Report follow-up findings

No specific critical incidents were reviewed during the survey.

C. Complaint follow-up Findings (only give specific information if concerns are identified)

One complaint was reviewed during the survey. All of the parties involved had some ownership that reached the level of a complaint. This provider will address the need for a more formal documentation process for staff (HR issues). The provider will also make it more clear to families and participants that the complaint and grievance policy does not need to involve the CEO at every level of the complaint. There is an established policy that will be slightly refined (see 1.B.).

D. Health or Safety Concerns with participants

There were two health and safety concerns identified by surveyors. Both identified at the residential site (see 3.A).

Exemplary Practices:

- None.

Commendations:

- The provider is to be commended for having interaction with participants that is person centered, emphasizing their dignity and respect.

Suggestions:

- It is suggested the provider update the participant information form to include a picture, as indicated, or delete that off the form and/or to have a more accurate physical description.
- It is suggested the provider work with the ISC and the Waiver Specialist to update with more thorough and accurate seizure protocol for Participant #2.
- It is suggested the provider ensure RH documentation notes have dates that correspond with service.
- It is suggested the provider address solutions for the stained carpet in Participant #2's apartment.
- It is suggested the provider do a self-audit for any one hour unit service to ensure they were not rounded up and totaled for the month. Any identified should have a claims adjustment submitted.

Recommendations:

- The documentation for Participant #5 for the service of residential habilitation training in June 2007 was submitted to Medicaid for recovery.
- It is recommended the provider ensure all releases are time limited per CARF 2.B.
- It is recommended the provider properly use the "needs checklist" or remove its components which are unhelpful or not applicable per CARF 2.B.
- It is recommended the provider immediately comply with the documentation standards in accordance with Wyoming Medicaid Rules Chtr.45, Sect.27.

- It is recommended the provider ensure all staff are aware of the provider's eviction process and that direct care staff are not to use eviction as a means of coercion with participants per CARF 4.J-K. and Wyoming Medicaid Rules Chtr.45, Sect.11,23,32.

III. REVIEW OF SERVICES

A. Residential habilitation services

a. Service observation
Surveyors were able to survey one apartment complex owned by the provider and one home owned by the participant. The interaction observed was appropriate, appeared caring with an emphasis on their dignity and respect.

b. Interviews with participants and staff
Participants were overall very satisfied with services and the staff that were working with them. Participants reported they are regularly having community integration and leaving the home for activities. Many participants expressed a desire for more ABI activities being available community-wide, which is not a reflection on this provider.
Staff were able to articulate many of the client specific needs that each has, such as rights, restrictions, preferences, medical issues, and others. Staff were unable to articulate the components for incident reporting required by the Division.

c. Walk-through of homes
The 24th St. complex did not have carbon monoxide detectors in every service area where there was a source of natural gas. The temperature of homes was well ventilated. Participant rooms were individualized according to their preferences. There were some stains in the carpet where there was a dog in the home. There were no odors. The same home had knives stored, unlocked in the entry closet, just laying on a shelf. This is an unsafe practice, and if the closet is to be locked from the participant this must be reflected in the plan of care. Another participant had stored luggage and clothes blocking the secondary egress.

B. Day habilitation/employment services

WyoSTEP is not currently certified for these services. Many of the participants they serve either receive competitive employment or services through the Department of Vocational Rehabilitation. The provider will look in the future if their participants could be served by employment supports through the Waiver.

C. Other Services

a. Service observation
Respite, personal care, and in home support services were able to be observed. The interaction was appropriate, personal and maintaining the dignity and respect of the participants.
b. Random interviews with participants and/or guardians
The participants expressed high satisfaction with services. One parent of respite services voiced dissatisfaction (see 2.A.).
c. Walk-through of service settings

There were no concerns identified with service settings.

D. Case Management Services (ISC)

WyoSTEP is not currently certified for this service, but maintains good relationships with many independent case managers. WyoSTEP articulated a commendable philosophy of having independent case managers elevating the advocacy of their services.

Exemplary Practices:

- None.

Commendations:

- None.

Suggestions:

- It is suggested the provider continue to evaluate for the future, the employment needs and supports for Waiver participants, to see if it is an appropriate service to add for this provider.

Recommendations:

- It is recommended the provider have carbon monoxide detectors for all service areas that have a source of natural gas per Chtr.45, Sect.23.
- It is recommended the provider address the potential health and safety hazard of storing loose knives in the closet of Participant #2, per CARF 4.J-K. and Wyoming Medicaid Rules Chtr.45, Sect.23.
- It is recommended the provider address the potential health and safety hazard of blocking the secondary egress in Brenda's home, per CARF 4.J-K. and Wyoming Medicaid Rules Chtr.45, Sect.23.
- It is recommended the provider increase outcomes for staff knowledge on all of the components for the Division's incident reporting as required by Wyoming Medicaid rules Chtr.45, Sect.30.

The provider shall submit a quality improvement plan for each recommendation made in the written report. The quality improvement plan shall include action steps, responsible parties, and dates of completion for each recommendation. The quality improvement plan is due to the lead surveyor at the Division by ***October 15, 2007****.*

Lead Surveyor _____ Date _____